



**TRUCKLOAD FREIGHT RATE QUOTE REQUEST**

COMPANY NAME		CONTACT NAME	
CONTACT EMAIL		ACCOUNT EXECUTIVE (if submitted internally)	
PHONE #	ACCOUNT #	DATE	

**ORIGIN DESTINATION**

ORIGIN COMPANY NAME	DESTINATION COMPANY NAME
ORIGIN CONTACT NAME	DESTINATION CONTACT NAME
ORIGIN PHONE #	DESTINATION PHONE #
ORIGIN ADDRESS	DESTINATION ADDRESS
ORIGIN CITY, STATE, ZIP	DESTINATION CITY, STATE, ZIP

**SHIPMENT DETAILS**

Weight	Commodity		
Type of handling unit (pallet, crate, etc)	# of handling units		
Dimensions of handling units (inches)			
L:	W:	H:	LBS:
Is it stackable? <input type="radio"/> Yes <input type="radio"/> No	HazMat? <input type="radio"/> Yes <input type="radio"/> No	Type of Truck	<input type="radio"/> 48' <input type="radio"/> 53' <input type="radio"/> Flatbed <input type="radio"/> Non-operating Refrigerated
Target Rate	Target Ship Date	PO # or Reference # to be included on the BOL if needed	
Notes			

Please email quote request to [truckload@fusionlogistics.com](mailto:truckload@fusionlogistics.com) or fax to 214.382.2447.